**RESEARCH PARTICIPANT CONSENT FORM**

[Insert Title of Study]

**Introduction**

The purpose of this form is to provide you information that may affect your decision to participate in this research study. If you decide to participate in this study, this form will also be used to record your consent.

You have been asked to participate in a research project studying [insert specific statements outlining the major points about the study]. The purpose of this study is to [explain research questions and purpose in lay language]. You were selected to be a possible participant because [explain how participant was identified]. *Note that the updated Common Rule requires the consent form to include “****a concise and focused presentation of key information that is most likely to assist a prospective participant or legally***

***authorized representative to understand the reasons why someone might or might not want to***

***participate in the research. This part of the informed consent must be organized and presented in***

***a way that facilitates comprehension****”. Some of that specific information can be included in the 3 sections below this one.*  This study is being sponsored/funded by [name sponsor/funding source]. \**If research is not sponsored/funded, do not include the previous sentence.*

**What will I be asked to do?**

If you agree to participate in this study, you will be asked to [explain tasks and procedures (include details about completing surveys, interviews, tests, and/or focus groups as applicable).] This study will take [insert length of time for participation, frequency of procedures, etc.]. *(If the study involves several different procedures, include the time involved for each (e.g., The study will last a total of 12 weeks. During week one, you will be asked to eat a diet of soy 3 times daily. On Friday of the first week, you will be asked to take a physical. This will take about 2 hours and will consist of the following tests…”).* Your participation will [may] be audio [/video] recorded. \**If participants will not be audio/video recorded, do not include this sentence.*

**What are the risks involved in this study?**

The risks associated with this study are [explain risk, including the likelihood of the risk occurring]. \**If risks are minimal, you may state:* The risks associated in this study are minimal, and are not greater than risks ordinarily encountered in daily life.

**What are the possible benefits of this study?**

The possible benefits of participation are [insert benefits that may be reasonably expected. Monetary compensation should not be categorized as a benefit.]. \**If there are no direct benefits to the research participant, you may state:* You will receive no direct benefit from participating in this study; however,[explain potential benefits to society].

**Do I have to participate?**

No. Your participation is voluntary. You may decide not to participate or to withdraw at any time without your current or future relations with Texas A&M University-Central Texas [include any other cooperating institutions] being affected.

**Will I be compensated?**

\**If there is no compensation, do not include this section.*

You will receive [insert payment, reimbursement, or participation credit]. Disbursement will occur [explain conditions of payment]. [Include circumstances where partial payment or no payment may occur].

\**If participants will receive class points or credit,* [Include information about points.]. [Explain alternative task if participant does not want to participate but wants to obtain class points.]

**Who will know about my participation in this research study?**

This study is [anonymous OR confidential, **\**cannot be both,***] and [describe how confidentiality or anonymity will be maintained]. \**Possible text.* No identifiers linking you to this study will be included in any sort of report that might be published. Research records will be stored securely and only [insert names of individuals who will have access to this data] will have access to the records.

If you choose to participate in this study, you will be [may choose to be] audio [/video] recorded. Any audio [/video] recordings will be stored securely and only [insert names of individuals who will have access to recordings] will have access to the recordings. Any recordings will be kept for [insert length of time] and then erased. \**If no audio/video recordings will be made, do not include this section.*

**Is there anything else I should consider?**

[Use this section to disclose any other information that may affect the participant’s decision to participate in this research beyond what you’ve already discussed. Possible information may include: conditions in which the participant may be withdrawn from this study, costs to participant, financial interests of PI, or any other disclosure.] \**If there is no additional information, remove this section.*

**Whom do I contact with questions about the research?**

If you have questions regarding this study, you may contact [list PI name, phone number, email address] or [list alternate contact, phone number, email address].

**Whom do I contact about my rights as a research participant?**

This research study has been reviewed by the Institutional Review Board at Texas A&M University-Central Texas. For research-related problems or questions regarding your rights as a research participant, you can contact Walter Murphy, Research Compliance Officer, at (254) 519-5761 or [murphyw@tamuct.edu](mailto:murphyw@tamuct.edu).

**Signature**

Please be sure you have read all information above, asked questions, and received answers to your satisfaction. You may also be given a copy of the consent form for your records. By signing this document, you consent to participate in this study. You also certify that you are 18 years of age or older by signing this form.

\**Include the following only if recording is optional:*

I agree to be audio [/video] recorded.

I do not want to be audio [/video] recorded.

**Signature of Participant: Date:**

**Printed Name:**

\**Only include the following if someone other than PI or co-PI is obtaining consent:*

**Signature of Person Obtaining Consent: Date:**

**Printed Name:**